

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2821AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2008
NAME OF PROVIDER OR SUPPLIER ST FRANCIS GROUP HOME CARE 3		STREET ADDRESS, CITY, STATE, ZIP CODE 4121 E. BOSTON AVE LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of a Complaint Investigation conducted at your facility on September 18, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed as a ten (10) beds Residential Facility for Groups which provides care to elderly and disabled persons and/or persons with mental illnesses and or mentally retarded adults Category I residents. The census at the time of the survey was ten (10) residents. Ten (10 of ten (10) resident files were reviewed and four (4) of four (4) employee files were reviewed. Complaint # NV19251 was substantiated with deficiencies. The following deficiencies were identified:	Y 000		
Y 072 SS=E	449.196(3) Qualications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and	Y 072		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 072	Continued From page 1 (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on the review of the personnel records it was determined the administrator failed to ensure 2 of 5 caregivers had the required three hour medication management training. Findings include: Record review: Employee #4 There was no additional training as required by NRS 449.037 of at least 3 hours of training in the management of medication. Employee #5 There was no additional training as required by NRS 449.037 of at least 3 hours of training in the management of medication. Severity: 2 Scope: 2	Y 072			
Y 106 SS=H	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1,	Y 106			

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Y 106	<p>Continued From page 2</p> <p>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel files had valid/ authentic certificates stating that the caregiver was certified to perform first-aid and cardiopulmonary resuscitation (CPR) for 2 of 5 employees (#2 #3).</p> <p>Employee #2 was hired on 4/1/00. Review of the personnel file for Employee #2 revealed a laminated first aid /CPR card with an issue date of 10/14/06 and an expiration date of 10/14/08.</p> <p>Employee #3 was hired on 9/10/06. Review of the personnel file for Employee #3 revealed a laminated first aid /CPR card with an issue date of 10/14/06 and an expiration date of 10/14/08.</p> <p>Both cards were laminated but appeared to have been altered.</p> <p>On 9/20/08 several attempts were made to verify the authenticity of the cards through the Western Region, and the issuing card company. Neither, aforementioned entity had records of the Instructor, training site, the community training center and /or the actual class conducted on 10/14/06.</p> <p>Interview with Employee #2 on 9/22/08 indicated that she had no recollection of the training site, payments or receipts issued for the training or</p>	Y 106			

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Y 106	Continued From page 3 how to contact the instructor of the class. A few weeks later, Employee #2 presented at the Bureau of Licensure and Certification with original and authentic first-aid/ CPR cards for Employees #2 & #3, both of which were issued after the survey dated 9/18/08. Severity: 3 Scope: 2	Y 106		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 9/18/2008, the facility was not free of hazards. Findings include: Observed in Bathroom #3 located in Bedroom #5 was a 110 volt power outlet 6-12 inches centered above the bathroom sink with no ground fault interrupter (GFI). The resident's portable radio was balanced on the bathroom sink's edge and plugged into the outlet without a GFI. There was a 4 glass lamp globe light fixture located in the front entrance way. The globes were observed loose and not secured. Severity: 2 Scope: 3	Y 175		

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Y 444	Continued From page 4	Y 444			
Y 444 SS=D	<p>449.229(9) Smoke Detectors</p> <p>NAC 449.229</p> <p>9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation the facility failed to maintain smoke detectors in operating condition.</p> <p>Findings include:</p> <p>Upon testing, the smoke detector inside Bedroom #1 failed to activate.</p> <p>Severity: 2 Scope: 1</p>	Y 444			
Y 500 SS=D	<p>449.258(1) Written Policies</p> <p>NAC 449.258</p> <p>1. Written policies for a residential facility that comply with the provisions of NAC 449.156 to 449.2766, inclusive, must be developed.</p> <p>This Regulation is not met as evidenced by: The facility must develop and implement written policies. Employee and residents are required to comply with policies.</p>	Y 500			

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Y 500	Continued From page 5 This requirement is not met as evidenced by: Based on interview and review of written policies and procedures, it was determined the facility failed to enforce the their written policies. Findings include: Item 7 of the facility ' s House Rules listed " No use of Alcohol/Illegal Drugs." Interview with Resident #4 and Resident #10 admitted to consuming beer in the facility, which was purchased and brought into the facility by Employee # 4. Severity: 2 Scope: 1	Y 500		
YA106 SS=E	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1:	YA106		

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YA106	<p>Continued From page 6</p> <p>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and</p> <p>(b) Proof that the caregiver is 18 years of age or older.</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: Based on interview and review of employee records, it was determined the facility failed to provide a complete file with mandatory requirements for 2 of 5 employees.</p> <p>Findings include:</p> <p>Employee #4</p> <p>There was no separate file available for Employee #4 . The following items were not available at the time of the survey. The employee's name, address, telephone number,</p>	YA106			

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YA106	Continued From page 7 social security number, proof of age, date of employment, training records, the results of a physical examination and initial 2-step tuberculin screening, fingerprinting for criminal history results in accordance with NRS 449.176 to 449.185, inclusive. First aid certificate and cardiopulmonary resuscitation (CPR) certificate. Employee #5 There was no separate file available for Employee #5. The following items were not available at the time of the survey. The employee's name, address, telephone number, social security number, proof of age, date of employment, training records, the results of a physical examination and initial 2-step tuberculin screening in accordance with NAC 441A, fingerprinting for criminal history results in accordance with NRS 449.176 to 449.185, inclusive, first-aid certificate and cardiopulmonary resuscitation (CPR) certificate Severity: 2 Scope: 2	YA106		
YA895 SS=D	449.2744(1)(b) Medication/MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of	YA895		

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YA895	<p>Continued From page 8</p> <p>medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 1 of 10 residents had a medication administration record (MAR) 1 of 10 residents had no medication administration record (MAR) (#10).</p> <p>Findings include:</p> <p>The facility failed to provide a MAR for Resident #10.</p> <p>Severity: 2 Scope: 1</p>	YA895			

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